



BENEFICIAL USE EXEMPTION ANNUAL REPORT

BUD #

NAME OF BUD HOLDER:		NAME OF CONTACT:	
NAME OF COMPANY:		POSITION:	
BUD HOLDER MAILING ADDRESS: Street: City: State: Zip:		BUD Holder Phone: FAX: e-mail address:	
NAME OF RESPONSIBLE OFFICIAL (See WAC 173-350-715(3)) :			
POSITION:			
Did you engage in activities authorized by your beneficial use exemption in _____?			
<input type="checkbox"/> Yes If yes , proceed to next section and complete the form.			
<input type="checkbox"/> No If no , answer the following questions, sign, date and return. This completes your reporting obligations. When did you stop operations? _____			
Do you plan to restart? <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____			
PLEASE SIGN AND DATE THIS FORM AND RETURN:			
Prepared by: _____ Date: _____			
AMOUNT AND TYPE OF MATERIAL BENEFICALLY USED PER YEAR: Please report by (check one):			
Cubic Yards Per Year <input type="checkbox"/> _____			
or			
Scaled Tons Per Year <input type="checkbox"/> _____			
ADDITIONAL INFORMATION REQUIRED:			
<input type="checkbox"/> Attach any additional information that may be specified under the beneficial use permit exemption, including any required sampling and analytical results.			
PREPARED BY:		DATE:	PHONE:

*If you require this publication in an alternate format, please contact the Solid Waste & Financial Assistance Program at 360-407-6900.
For persons with a speech or hearing impairment call 711 for relay service or 800-833-6388 for TTY.*